

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101581.200

FILING DATE

6-01-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1-				
3		2				
4		2				
5		0-				
6		0-				
7		0-				
8		0-				
9		0-				
10		0-				
11		0-				
12	1					
13		1-				
14		2				
15		2				
16		2				
17		0-				
18		0-				
19		0-				
20	1					
21		1-				
22	1					
23		1-				
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49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	26	←		←		←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						